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[illegible]

**CONFIRMATION NO. 8611**

|   |   |  |                               |   |                                |
|---|---|--|-------------------------------|---|--------------------------------|
| <b>SERIAL NUMBER</b><br>09/854,227  | <b>FILING DATE</b><br>05/11/2001<br><br><b>RULE</b>   | <b>CLASS</b><br>606                    | <b>GROUP ART UNIT</b><br>3732 | <b>ATTORNEY DOCKET NO.</b><br>15258052100 |                                |
| <b>APPLICANTS</b><br>Cosimo Donno, Winterthur, SWITZERLAND;<br>Simon Casutt, Gossau, SWITZERLAND;   |   |  |                               |   |                                |
| <b>** CONTINUING DATA *****</b>   |   |  |                               |   |                                |
| <b>** FOREIGN APPLICATIONS *****</b><br>EUROPEAN PATENT OFFICE (EPO) 00810406.9 05/12/2000  |   |  |                               |   |                                |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 07/10/2001</b>  |   |  |                               |   |                                |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>[Signature]</u><br><div style="display: flex; justify-content: space-between; font-size: small;"> <span>Examiner's Signature</span> <span>Initials</span> </div> |   | <b>STATE OR COUNTRY</b><br>SWITZERLAND | <b>SHEETS DRAWING</b><br>4    | <b>TOTAL CLAIMS</b><br>10                 | <b>INDEPENDENT CLAIMS</b><br>1 |
| <b>ADDRESS</b><br>20350   |   |  |                               |   |                                |
| <b>TITLE</b><br>Connection of a bone screw to a bone plate  |   |  |                               |   |                                |
| <b>FILING FEE RECEIVED</b><br>710   | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <div style="float: right; border: 1px solid black; padding: 5px; width: 300px;"> <input type="checkbox"/> All Fees<br/> <input type="checkbox"/> 1.16 Fees ( Filing )<br/> <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br/> <input type="checkbox"/> 1.18 Fees ( Issue )<br/> <input type="checkbox"/> Other _____<br/> <input type="checkbox"/> Credit         </div> |  |                               |   |                                |